IV. Studies on Lipoma. BY DR. J. GROSCH (Dorpat). The author first discusses lipoma of the scalp. It is rare in this situation. Among 685 lipomata spread over different regions of the body, 13 occurred in the vicinity of the scalp and forehead. This is of far less frequency than fibroma or sarcoma of the same region. Billroth in a report of 16 years' practice at the clinics in Zurich and Vienna only notes two lipomata of the forehead. Gurlt in statistics of 287 cases of lipoma record only 6 lipomata of the head. As regards structure, the external surface of lipomata of the head differs from those of other parts of the body in that it is smooth, not showing the lobular division of the tumor (lipoma) found in other regions. If there is a fold found it is generally circumscribed, and more at the periphery of the tumor. Exceptionally do we find the connective tissue so great as to give these tumors an elastic or hard consistence (lipoma fibrosum tuberosum). In size and growth lipomata of the head do not differ from lipomata in other parts of the body. The forehead must be regarded as the favorite seat of lipomata of the head.

The lipoma of the head takes its origin in the tissue underlying the galea aponeurotica, respectively, also the frontalis muscle, similar in this to the dermoid growths, and differing from the atheromata which are found in the cutis proper. This relation of the lipoma gives rise to a peculiar wall-like structure around the base of the tumor and projecting above the level of the cranial bones. The tumor appears as though sunk in a depression of the bone. This is nothing more than a resistant infiltration of the pericranium and subepicranial tissue. It might give rise to the erroneous diagnosis of fracture with depression. Von Bergmann records a case where this ring around the base of the tumor was bony in structure, and was combined with a depression in the frontal bone. Connections with the pericranium may make this variety of tumor immovable. These tumors are almost equally frequent in the sexes, and all ages are subject to them. The author gives no positive conclusions as to etiology. The differential diagnosis is to be made as above from atheroma, also from dermoid cysts. The latter being congenital appear early after birth, they have a seat of election (orbital ridge), and their outward form or puncture would aid the diagnosis. Equally as rare as lipoma of the head is lipoma of the volar surface of the hands and fingers. It gives rise in this situation to errors of diagnosis (hygroma of tendons). The author places the frequency of lipoma of the foot at 0.43%, of the hand, 1.33%.

This average is obtained from a topographical chart of tumors in all regions of the body. The lipomata of the hand are situated under the palmar fascia. They do not invade the region of the wrist or the lower forearm and are not as movable as hygroma. Lipomata may project through the interosseous spaces in the dorsum of the hand; hygroma does not. Hygroma of the hand may invade the wrist and lower forearm. These growths occur most frequently on the neck and back of the neck; the posterior aspect of the trunk from the nape of the neck to the buttocks is strongly disposed to these growths, while the anterior aspect of the trunk is less affected by them. They are comparatively rare in the face. The lower extremities are little affected by these growths. The frequency on the palm of the hands and plantar surface of the feet has been noted. This localization is true of the simple, diffuse and multiple lipomata. The localization also to a certain degree corresponds to the distribution of the sebaceous and sweat glands in the skin. The frequency of these growths in certain parts bears an inverse ratio to the growth of hair (sebaceous glands). The author concludes that the localization of all lipomata is determined by the richness of a particular region in glandular apparatus, and the growth of tumors bears an inverse ratio to the frequency of glands in any region of the body.

The author in concluding seeks to trace a connection in the majority of cases between a predisposition of certain persons to obesity and the formation of lipomata. Those places most free from glands (sebaceous) are the seat of accumulations of fat in obesity and the same is found to be the case with lipomata. Therefore the same constitutional predisposition may be the source of both these diseases. Again he would explain those cases of lipoma occurring in persons little disposed to fat accummulation as a trophic neurosis of the skin. From this standpoint many lipomata might be regarded as a neuropathic skin affection.—*Zeitschr. f. Chirurg.*, bd. xxvi, hft 3 and 4.

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